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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

SERIAL NUMBER 09/615,233	FILING DATE 07/13/2000 RULE -	CLASS 345	GROUP ART UNIT 2772	ATTORNEY DOCKET NO. 15162/02080
APPLICANTS ICHIRO KASAI, KAWACHINAGANO-SHI, JAPAN; YASUSHI TANIJIRI, OSAKASAYAMA-SHI, JAPAN; HIDEKI NAGATA, KOBE-SHI, JAPAN;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS ***** JAPAN 11-199790 07/14/1999				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/13/2000 -				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> Examiner's Signature Initials	STATE OR COUNTRY JAPAN	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
ADDRESS SIDLEY & AUSTIN 717 NORTH HARWOOD SUITE 3400 DALLAS, TX 75201-6507				
TITLE IMAGE DISPLAY APPARATUS				
FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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Bib Data Sheet

CONFIRMATION NO. 4352

SERIAL NUMBER 09/615,233	FILING DATE 07/13/2000 RULE	CLASS 345	GROUP ART UNIT 2673	ATTORNEY DOCKET NO. 15162/02080
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APPLICANTS

ICHIRO KASAI, KAWACHINAGANO-SHI, JAPAN;
YASUSHI TANIJIRI, OSAKASAYAMA-SHI, JAPAN;
HIDEKI NAGATA, KOBE-SHI, JAPAN;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

JAPAN 11-199790 07/14/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 09/13/2000**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2	
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

24367

TITLE

HEAD-MOUNTED IMAGE DISPLAY APPARATUS

FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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